

CLAIMS ONLY						Application Number <b>10759487</b>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	I					51						
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45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
Total Indep	6					Total Indep						
Total Depend	4	←	←	←	←	Total Depend	←	←	←	←		
Total Claims	10					Total Claims						